

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-8-0000106713
	Prepd Allw	BEST WAY	Date	Revision
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			09/01/17	1 - 10/16/2017
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	1326 - Austin:1100 W 49th St Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1760802397 8
TEXAS PREGNANCY CARE NETWORK
STE K250
1101 S CAPITAL OF TEXAS HWY
WEST LAKE HILLS TX 787466445
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Marshall,Carol 512/406-2476

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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- a. chap. 531, Chapter 2155.144 TGC, as amended, and any administrative rules adopted thereunder;
- b. 1 T.A.C. Chapt. 391;
- c. General Appropriations Act, Senate Bill 1, 79th Legislature, Reg Session, 2005, Section 50 of the Special Provisions Relating to all Health and Human Services Agencies; and
- d. Any other pertinent provisions of federal or state law.

Contract Manager - Andrea.Costley@hhsc.state.tx.us
Phone - 512-206-5624
Final Destination Customer - Andrea.Costley@hhsc.state.tx.us
Phone - 512-206-5624
Agency Contact - Beth.Zahn@hhsc.state.tx.us
Phone - 512-206-5624
HHSC Purchaser: Carol Marshall, CTPM-carol.marshall2@hhsc.state.tx.us
Phone: 512-406-2476

Justification/Comments: This contract is for the program and administration of the Alternative to Abortion - a statewide program for females focused on pregnancy support services that promote childbirth.

Contract Number: 529-16-0004-00001
TIN: 17608023978
Service Dates: 09/1/2017-02/28/2018

Total contract amount is \$4,575,000.00 - not to exceed \$762,500.00 per month for the months of September 1, 2017- February 28, 2018

SAM
Debarred
CMBL
E-mails
E-mails

The Original PO was issued with a Temp Vendor Number, as no renewal was submitted as the time HHSAS was closing. Received the renewal, which is attached and a change was made to make this PO the correct vendor.-Carol Marshall.

1-1	948-48	1.00	LOT	4575000.00000	\$4,575,000.00	08/31/2018
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Fulfill the terms of contract number:
529-16-0004-00001B. From:09/01/17
through 02/28/18. For the program and

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administration of the Alternative to
Abortion-a statewide program.

Schedule Total \$4,575,000.00

Contract_ID: 529-16-0004-00001 Contract Line: 0 Release: 1

Item Total for Line 1 \$4,575,000.00

Total PO Amount \$4,575,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized